

**USMC CHILD AND YOUTH PROGRAMS
REGISTRATION FORM**

OMB No. 0712-0006

OMB Approval Expires
09/30/2025

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); and [SORN NM01754-3](#).

PURPOSE: Information provided is used by Children and Youth Programs (CYP) for purposes of patron registration in CYP programs and activities and parent/guardian and emergency contacts.

ROUTINE USES: Information will be accessed by CYP personnel with a need to know to meet the purpose. Information is not routinely disclosed outside of DoD. Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORNs available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/>.

DISCLOSURE: Information is voluntary; however, failure to provide information may adversely impact individuals from participation in CYP activities.

RECORD MANAGEMENT: This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.

The public reporting burden for this collection of information, OMB No. 0712-0006, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to your Regional Director.

INSTRUCTIONS FOR COMPLETING NAVMC 1750/5

GENERAL

This form is completed by the parent/legal guardian or custodian, or Agent acting pursuant to a power of attorney. Information provided is used by Child and Youth Programs (CYP) for purposes of participant registration in CYP programs and activities. At least annually or when the information is outdated a new form will be completed, signed, and dated.

SPONSOR INFORMATION

- Items 1-3. Self-explanatory.
- Item 4. Indicate Sponsor's status in the military.
- Item 5. If applicable, indicate Sponsor's military grade, otherwise type "N/A".
- Item 6. Indicate branch Sponsor is affiliated with.
- Items 7-10. Self-explanatory.
- Item 10a. Name of cell phone carrier.

SPOUSE / GUARDIAN INFORMATION

Items 11-20a. Please follow instructions for items 1-10a above as it relates to the spouse / guardian.

CHILD / YOUTH INFORMATION

- Items 21-23. Self-explanatory. There are three sections provided on the form if the family is registering multiple participants. Please fill in one section for each participant.
- Item 24. Answer Yes if use of video and photographs are allowed. Otherwise, answer No.
 - Answer Yes if participant is allowed to attend field trips. Otherwise, answer No.
 - Answer Yes if you received the Parent Handbook. Otherwise, answer No.
 - Answer Yes if participant is allowed to use computers and internet. Otherwise, answer No.
 - Answer Yes if you are aware of the DoD Priority Supplanting Policy. Otherwise, answer No.

LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES

- Items 25-28. Self-explanatory. These individuals will be contacted when the parents/guardians are unavailable and also have permission to depart the premises with the participant. There are three rows for multiple emergency contacts/release designees. Fill out one row for each emergency contact/release designee.
- Item 29. Provide the relationship that the emergency contact/release designee has with the participant.
- Items 30-31. Self-explanatory.

SPONSOR INFORMATION					
1. Name (First MI Last):					
2. Address:					
3. Command/Unit/Employer:					
4. Military Status:	5. Military Grade:	6. Branch:	7. Email:		
8. Home Phone:		9. Work Phone:			
10. Cell Phone:		10a. Cell Carrier:			
SPOUSE / GUARDIAN INFORMATION					
11. Name (First MI Last):					
12. Address:					
13. Command/Unit/Employer:					
13a. Full-time Student Post-Secondary Institution? <input type="radio"/> Yes <input type="radio"/> No					
14. Military Status:	15. Military Grade:	16. Branch:	17. Email:		
18. Home Phone:		19. Work Phone:			
20. Cell Phone:		20a. Cell Carrier:			
CHILD / YOUTH INFORMATION					
21. Child 1 First and Last Name:			Nick Name:		
Sex:	Birthdate:		School Grade (K-12 or N/A):		
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> School Age Care (AF)	<input type="radio"/> Part Day <input type="radio"/> Summer Camp	<input type="radio"/> Hourly <input type="radio"/> Youth and Teen Program	<input type="radio"/> Family Child Care <input type="radio"/> Other:	<input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)
22. Child 2 First and Last Name:			Nick Name:		
Sex:	Birthdate:		School Grade (K-12 or N/A):		
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> School Age Care (AF)	<input type="radio"/> Part Day <input type="radio"/> Summer Camp	<input type="radio"/> Hourly <input type="radio"/> Youth and Teen Program	<input type="radio"/> Family Child Care <input type="radio"/> Other:	<input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)
23. Child 3 First and Last Name:			Nick Name:		
Sex:	Birthdate:		School Grade (K-12 or N/A):		
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> School Age Care (AF)	<input type="radio"/> Part Day <input type="radio"/> Summer Camp	<input type="radio"/> Hourly <input type="radio"/> Youth and Teen Program	<input type="radio"/> Family Child Care <input type="radio"/> Other:	<input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)
24. Please answer the following questions by marking either Yes or No:					
I allow use of video and photographs of my child within the CYP program and by USMC.		<input type="radio"/> Yes <input type="radio"/> No	I give my permission for child to use supervised computers and internet.		<input type="radio"/> Yes <input type="radio"/> No
I approve my child/youth to attend field trips.		<input type="radio"/> Yes <input type="radio"/> No	I am aware of the DoD Priority Supplanting Policy		<input type="radio"/> Yes <input type="radio"/> No
I have received a copy or was given the website on where to get a "Parent Handbook".		<input type="radio"/> Yes <input type="radio"/> No			
LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)					
25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child	
30. Parent/Guardian Signature:			31. Date:		